

**CANCER
SURVIVORS**
SYMPOSIA SERIES
Issues & Solutions for Life After Cancer

New Approaches to Survivor Health Care
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Executive Summary

Survivorship Care Models

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- A. Current focus on survivorship caused by:
 - Rapidly growing population of survivors due to advances in diagnosis and treatment.
 - Greater emphasis on patient-centered issues by the medical community.
 - Increasing expectations by patients for good quality of life.

- B. Cancer and Its Treatment: Domains of concern
 - Physical/medical: Organ toxicity and second cancers
 - Psychological: Fear of recurrence, anxiety and depression
 - Social: Changes in relationships, economic and education issues
 - Existential and spiritual: Loss or deepened meaning of life
 - Informational: Need for ongoing, comprehensive, accurate information

- C. Why do we need long-term follow-up programs?
 - Growing number of people surviving cancer and needing organized care
 - Greater understanding of the consequences of cancer and its treatment
 - Focus on the use of interventions to eliminate/reduce long-term effects
 - Using these care settings as an opportunity for research—learn more about long-term effects
 - Begin to focus on survivorship education and training of health professionals.

- D. Current survivorship care—usual practice
 - Long-term follow-up by oncologists is routine
 - Duration of follow-up is variable due to variety of issues (people move, insurance changes, etc)
 - Follow-up guidelines are limited and recent, mostly focused on surveillance for recurrence
 - Limited transfer of knowledge to primary doctor.

- E. Essential components of survivorship care
 - Surveillance for recurrence
 - Prevention and detection of new cancers
 - Interventions for consequences of cancer and its treatment
 - Coordination between specialists and primary care providers

- F. Survivorship Care Models
 - Pediatric Cancer Care—pioneers with long-term follow-up clinics
 - Clinics are freestanding—different place than where patients go for treatment
 - Multidisciplinary—include physicians, nurse practitioners, nutritionists, psychologists
 - Not disease-specific
 - Risk-based care--care based on the likelihood for recurrence or problems

 - Adult Programs are mostly pilot programs at various institutions and practices
 - Consultative Model: One time visit; focus on medical summary and systematic plan for surveillance
 - Ongoing Care Model: Nurse practitioner-led clinic, extends the care continuum, typically imbedded in or close to the treatment site (familiarity for patients)
 - Multidisciplinary Long-term Follow-up Program: Follows the pediatric model—whole team available to see the patient on an ongoing basis.

 - Shared-Care Model
 - Important aspect of any of these models is idea of sharing care with between physicians
 - Ensuring common understanding of expected components of care and respective roles

- G. The Future of Survivorship Care
 - National focus on extending the continuum of care, making it more seamless so there is not a sudden drop-off after treatment.
 - Ensuring patient and physicians have a game plan that makes sense.
 - Growing understanding that community/family physician can provide quality care for cancer survivors.
 - Study done in 2006 by Dr. Eva Grunfeld in the *Journal of Clinical Oncology* showed family practitioner provided just as good care as cancer specialist did in terms of detecting recurrence and managing other serious clinical events.

- What can patients do to avoid being “Lost in Transition”?
 - Expect good communication between your oncologist and your primary care providers.
 - Recommend a survivorship care plan be created for you.
 - Explore community resources to enhance your quality of life.
 - Recommend services that you would find helpful to your oncologist—help institute new programs or changes.